PATENT APPLICATION FEE DETERMINATION RECORD

. .

Effective October 1, 2001

Application or Docket Number

BURNEW 30-0Rs

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			35					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			35 minus 20=		* K			X\$ 9=	135	OR	X\$18=	
INDEPENDENT CLAIMS			t minus 3 =		* 2			X42=	04	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=	1	OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	Ì	TOTAL	589	OR	TOTAL	p=:
CLAIMS AS AMENDED - PART II							,	OTHER THAN				
(Column 1)			(Colur			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	, ,	RATE	ADDI- TIONAL FEE
	Total	* 3 <i>5</i>	Minus	** 3	S	=		X\$ 9=		OR	X\$18=	
	Independent	* 5	Minus	***	5			X42=		OR	X84=	7
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	CLAIM		」	+140≘**		ÖR	** ∓280≡∷	
BEST AVAILABLE COPY								TOTAL			TOTAL	
		- 1	ADDIT. FEE	, , , , , , , , , , , , , , , , , , ,	OR	ADDIT. FEE						
		(Column 1) CLAIMS		(Colu		(Column 3)	'	í	ADDI-	arvis.	s recorded	ADDI-
AMENDMENT B		REMAINING AFTER			IBER OUSLY	PRESENT EXTRA		RATE	TIONAL	er Med	RATE	TIONAL
		AMENDMENT			FOR	CAINA	╛╽		FEE			FEE
	Total	* 36	Minus	**	<u>35</u>	= /		X\$ 9=	900	OR	X\$18=	
	Independent	IRST PRESENTATION OF MU		Minus ***		AIM \square		X42=	e se s	OR	X84=	,
L	PIRST PRESE	NIATION OF MI	JLIIPLE DEI	PENDEN	CLAIIVI		J	+140=		OR	+280=	
ADI								TOTAL ADDIT. FEE	900	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									pd.		' ε. <u>Ψ</u> . ·	
AMENDMENTC		CLAIMS REMAINING			HEST IBER	PRESENT] [ADDI-	\$1.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ADDI-
		AFTER AMENDMENT		PREVI	OUSLY	EXTRA		RATE	TIONAL FEE	4. \$. \$	RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=	A CONTRACTOR OF THE PERSON OF	OR ²	**X\$18≘*	
	Independent	*	Minus	***		=	1			Section .	X84=	· 人名法·斯
₹	FIRST PRESENTATION OF M		ULTIPLE DEPENDEN		T CLAIM	AIM		X42=		OR	A04=	
-								+140=		OR	+280=	
* If th ntry in column 1 is I ss than the ntry in column 2, write "0" in column 3. ** If th "High st Number Previously Paid For" IN THIS SPACE is less than 20, nter "20." ***If th "Highest Numb r Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." ***If th "Highest Numb r Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE	
	Th "Highest Nun	nber Priviously Pa	aid For" (Total o	or Independ	dent) is th	highest numb	oer fo	und in the app	oropriate bo	k in co	lumn 1.	

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